

**OPTN Histocompatibility Committee
Meeting Summary
May 12, 2025
Webex Meeting**

**Gerald Morris, MD, Chair
Kelley Hitchman, PhD, MS, Vice Chair**

Introduction

The Histocompatibility Committee (“Committee”) met via WebEx teleconference on 05/12/2025 to discuss the following agenda items:

1. 2025 Histocompatibility Table Update Project Finalization
2. ABO Project Planning
3. CMS IOTA Model Impact Presentation
4. Kidney Expedited Placement Presentation

The following is a summary of the Committee’s discussions.

1. 2025 Histocompatibility Table Update Project Finalization

The Committee voted to recommend the Table Update language to OPTN public comment.

Summary of Presentation:

The Committee agreed to recommend the Table Update language to OPTN public comment.

2. ABO Project Planning

No decisions were made.

Summary of Presentation:

The Committee was joined by external subject matter experts for their molecular ABO testing project planning.

A research support staff member reviewed the OPTN data request Historical Instances of ABO Subtyping and ABO Determination after Transfusion. The data cohort included all US deceased donors recovered for transplant. The following data was presented:

- The most common ABO subtype was A1 with roughly 16-17% of donors over the last 5 years
- 23.4% of donors recovered after Sept 14, 2023 had a blood transfusion before ABO determination
- Donors typed as A or AB had transfusions before ABO determination the most frequently
- For donors transfused before ABO determination, the median volume of blood transfused was 1000cc
- AB donors had the largest median volume of blood transfused at 1247cc

- Since 2023, 22 overall deceased donor related ABO discrepancies, with the most common reasons being conflicting results and data entry
- Since 2023, there have been 2 reported ABO discrepancies that were transfusion related

Summary of Discussion:

The Committee highlighted that about a quarter of donors are transfused and are commonly transfused around 3-4 units. They also noted that AB typing rates are high, potentially due to ambiguity of some donor types. An external SME noted that an estimated ~30+% of people are a missed A2 blood type. Members commented that lectin tests are not ideal for detecting weaker or lower A typing. Members supported genotyping as an accurate way to check blood typing.

Leadership suggested potentially creating policy and guidance around molecular ABO testing. A member mentioned that a potential definition of mass transfusion could involve any donor who did not receive two blood types prior to transfusion. Another member stated a single transfusion could cause a mixed field.

A member mentioned that novel testing can cause difficulties for OPOs, such as required buccal swabs. An external SME stated that buccal swabs at their organization have been collected by OPOs, but over 90% of units transfused in the US are leuko-reduced and you cannot obtain a molecular type this way. In these circumstances, molecular testing can be reliable. Members agreed that testing flexibility is important for community implementation.

Leadership agreed that future discussions should include policy vs. guidance and what should be required or suggested to the community.

3. CMS IOTA Model Impact Presentation

No decisions were made.

Summary of Presentation:

A staff member from CMS presented on upcoming IOTA Model impacts.

Summary of Discussion:

A member asked if population size around transplant center is factored into transplant growth for participating centers. The speaker said that this is factored in. The member followed up on potential “maximum transplant” amounts. The speaker responded that they will constantly reevaluate based on marginal improvements.

4. Kidney Expedited Placement Presentation

No decisions were made.

Summary of Presentation:

The Chair of the OPTN Kidney Committee presented on the OPTN Kidney Committee’s expedited placement project.

The Chair gave background into the project, stating that Kidney EP arose from an OPTN Board directive, which allowed the Kidney Committee to work on an expedited placement variance for continuous

distribution. The Chair went over information that the Kidney Committee has been working on, including research into hard-to-place kidneys.

The Chair mentioned that he was seeking feedback from the Histocompatibility Committee regarding the potential virtual cross match requirement for accepting expedited offers. The Histocompatibility Chair stated that he found this requirement reasonable given that 6h cold ischemic time is one part of the hard-to-place definition. Other members spoke in support of the requirement, including reasons that this should largely help find patients for hard-to-place kidneys. Another member said that some labs may be resistant to doing virtual crossmatch, and that this could help push high-resolution typing forward. The Histo. Chair stated that high-resolution typing is still not widely used.

The Kidney Chair added IT solutions are being evaluated for indicating provisional yes on organs for designating expedited placement.

Summary of Discussion:

Upcoming Meeting

- June 10, 2025

Attendance

- **Committee Members**
 - Michael Gautreaux
 - John Lunz
 - Ryan Pena
 - Darryl Nethercot
 - Bobbie Rhodes-Clark
 - Crystal Usenko
 - Qingyong Xu
 - Helene McMurray
 - Jerry Morris
 - Julie Houp
 - Kelley Hitchman
 - Andres Jaramillo
 - Hemant Parekh
 - Tiffany Bratton
 - Jerome Saltarelli
- **HRSA Staff**
 - Ashley Spence
 - Amond Uwadineke
- **SRTR Staff**
 - Rajalingam Raja
- **Other Attendees**
 - Bill Lane
 - Jim Kim
 - Cliff Sullivan
 - Caroline Alquist
 - Tom Duvall
- **UNOS Staff**
 - Jamie Panko
 - Betsy Gans
 - Laura Schmitt
 - Susan Tlusty
 - Kaitlin Swanner
 - Amelia Deveraux
 - Matt Cafarella
 - Kayla Temple
 - Thomas Dolan